

**STATE OF CONNECTICUT
State Innovation Model
Equity and Access Council**

**Meeting Summary
June 18, 2015
6:00-8:00p.m.**

Location: Connecticut Behavioral Health Partnership, Hartford Room (Suite 3D), 500 Enterprise Drive, Rocky Hill, CT

Members Present: Ellen Andrews, Johanna Bell; Arnold DoRosario; Renee Gary; Kristen Hatcher; Gaye Hyre; Kate McEvoy; Robert Russo; Donald Stangler; Victoria Veltri; Keith vom Eigen; Robert Willig; Katherine Yacavone

Members Absent: Linda Barry; Maritza Bond; Peter Bowers; Darcey Cobbs-Lomax, Alice Ferguson; Margaret Hynes; Roy Lee

Other Participants: Adam Stolz; Sheldon Toubman for Maritza Bond

The meeting began at 6:05pm.

1. Introductions

Adam Stolz of The Chartis Group facilitated the meeting. Vicki Veltri chaired the meeting. Council members introduced themselves. Mr. Stolz welcomed new EAC member Renee Gary.

2. Public Comment

There was no public comment.

3. Minutes

Ellen Andrews motioned to adopt the May 28th meeting minutes. Gay Hyre seconded the motion and the minutes were approved. Kristen Hatcher abstained.

4. Conflict of Interest Protocol

Ms. Veltri reviewed the interim SIM [Conflict of Interest document](#) which Council members were given in hard copy. Ms. Veltri remarked that the document is designed to mirror the State Code of Ethics. The document will serve as the interim Conflict of Interest policy until the Healthcare Innovation Steering Committee (HISC) approves a final policy for SIM. Council members may submit any questions or concerns prior to the interim document's consideration for approval at the July 16th HISC meeting. Ms. Andrews commented that the topic was subject to debate and is not a settled issue. Keith vom Eigen identified a grammatical error in the document.

5. Review Process and Timeline for Issuing Phase I Report

Mr. Stolz reviewed outstanding items for the EAC report's completion. Mr. Stolz presented the proposed course of action for each outstanding item. There were no objections.

Mr. Stolz reviewed the proposed steps and timeline for EAC and MAPOC CMC to conduct SIM-MQISSP planning alignment. Mr. Stolz proposed July 30th as the next EAC meeting date.

6. Discuss Proposed Edits to Report Draft v1.3

Mr. Stolz recapped the Council's actions following the May 28th meeting. Mr. Stolz made edits to version 1.2 of the draft report per the meeting discussion. Council members submitted additional comments via email on the revisions contained in version 1.3. Comments were distributed to the full Council. In particular, Peter Bowers and Donald Stangler, who were not present during the May 28th deliberations on recommendation 3.5, "Reinvestment of Non-Retained Savings," opposed the representation of that recommendation as being agreed upon by consensus. Robert Willig also opposed consensus representation of recommendation 3.5. Dr. Willig, Dr. Stangler, and Dr. Bowers submitted their opposition by [written comment](#) prior to the meeting. Ms. Andrews commented that the Council appears to be operating under a double standard with respect to holding votes open outside of meetings.

Dr. Willig commented that he did not have the benefit of Dr. Stangler's or Dr. Bower's presence to restate their continued opposition to 3.5 during the May 28th deliberations, and he could not accurately represent the full opposition of the insurers. In his opinion, consensus implies unanimity, a sentiment not supported by the payers for recommendation 3.5.

Ms. Veltri urged the group to resist rehashing prior arguments, and determine how to represent the non-consensus item in the report. Will the group design a narrative of opposing views using less inflammatory language, or will sides be encouraged to draft their own separate reports? Dr. vom Eigen commented on the importance of representing the divisive nature of the recommendation. Dr. Willig asked why the group would support a recommendation that was opposed by the recommendation's implementing stakeholder group. Mr. Toubman remarked that Dr. Willig previously supported the recommendation, not explicitly, but by the consensus definition the group was working with in which consensus is achieved by a Council member's assent to the group adopting the recommendation, even if they are personally opposed to the recommendation. Dr. Stangler said that although he was present via phone during the May 28th meeting, he dropped off the line prior to the deliberation on recommendation 3.5. Additionally, Dr. Stangler said that reader of the report will interpret consensus as unanimity and payers are very clear in their opposition of recommendation 3.5. Mr. Toubman disagreed with Ms. Veltri's comment that Ms. Andrew's [revisions](#) of the narrative discussing recommendation 3.5 were inflammatory. He added that the revisions are non-inflammatory, true, and accurate. Ms. Veltri commented that the Council has done an outstanding job conducting diplomatic discussions regarding its recommendations and urged the Council to focus on the work ahead.

Mr. Stolz described the Council's previously agreed upon approach to recommendation 3.5. The item would be featured in the report as non-consensus with descriptions of the arguments in support and against the recommendation. Ms. Andrews said if the Council can't come to agreement, both sides can write a minority report detailing their respective arguments, to be included as an appendix in the report. Dr. Stangler asked why a minority report would be submitted as part of the larger report. Katherine Yacavone commented that during transformation a paradigm shift has to occur over time, changing the pros and cons of an idea, and the group needs to remain open to that type of change in thinking. This recommendation represents an important discussion during transformation and the perspectives associated must be represented. Dr. Willig and Dr. Stangler commented that they support a revision where all perspectives are represented accurately in the report.

The group discussed the content of Ms. Andrews's proposed revisions. With respect to the revision that described the process by which the Council arrived at its present juncture, Dr. vom Eigen favored less confrontational language such as, "came up with changed language that not all members were able to support." Ms. Andrews remarked that she feels strongly that the Council had reached a consensus that was subsequently revoked. Dr. Stangler commented that payers were consistently very clear in their opposition to recommendation 3.5. Dr. Willig disagreed with opposing parties having a say in the other party's arguments are represented. He commented that each side should be able to represent its view without input from the other. Dr. vom Eigen commented on the importance of using concise language to maximize the digestion of the material as a whole, and of not allowing one item about which there was strong dissent to cheapen many areas of agreement. Ms. Andrews said she supports a clear representation of which stakeholders strongly supported and opposed the recommendation. Dr. Willig supported the use of "strong" as an adjective describing both positions, pro and con. Ms. Hyre suggested the group consult the minutes for a full transcript of events, rather than including it in the report's narrative.

Ms. Andrews commented that her narrative was carefully crafted to be neutral. Mr. Toubman commented that the language is accurate. Ms. Veltri said the tone and perspective that the report conveys are important, not just the accuracy of the report's content. Mr. Stolz agreed, suggesting the report characterize the deliberations as consumer representatives strongly supporting the recommendation and insurers strongly opposing it. Kate McEvoy commented on the mechanics of the recommendation, stating that Medicaid does not currently have an implementation vehicle to earmark non-retained savings in provider-specific accounts.

After some deliberation, the Council agreed to edit the recommendation narrative in real time using both a [redlined](#) and [clean](#) version of Ms. Andrews's proposed narrative. Mr. Stolz facilitated the document's revisions, during which Ms. Andrews introduced each point contained in the proposed revisions and Mr. Stolz fielded comments and proposed edits from the Council. Dr. Willig commented that this revision process was difficult to follow. On discussion of language referencing prior authorization, Dr. Stangler asked why the group would consider inclusion of inflammatory, anti-payer rhetoric in a report aimed at moving all stakeholder groups forward together. Ms. Andrews commented that the language is the crux of the argument, and without it the recommendation has no bearing. The Council discussed the nature and validity of the language referencing prior authorization. Ms. Yacavone commented that under-service triggered by prior-authorization is an experience of many and important to retain. Mr. Stolz commented that it appears the majority of the Council is supporting the language's inclusion. Ms. Veltri commented that, though she agrees with the recommendation, she feels that the language is aggressive and unnecessary and could be substantially toned down, perhaps by referencing medical necessity. The language currently attributes ill motives to the insurers.

Dr. Russo commented that many of the recommendations and premises on which the report is based attribute ill motives to providers. Dr. vom Eigen said that prior authorization affects provider decisions regularly. Dr. Stangler commented that the discussion about anti-payer language defeats the collaborative nature of the Council, and is disappointing. Ms. Andrews suggested each side do a minority report. Ms. Veltri said the group needs to be very careful not to attribute intent to people. Mr. Stolz agreed with Dr. Russo's comment on provider intent. He suggested that those in favor of the language motion for a vote on the language. Ms. Veltri said if there is a vote, she will not be in support of the language. Ms.

Hyre asked if the word “intent” was removed from the narrative, would Ms. Veltri vote in favor. Ms. Veltri said she might if every reference to intent was struck. Mr. Toubman suggested “intentionally” be removed. After some discussion, Dr. Russo motioned to accept Ms. Andrew’s narrative revisions, with the additional exclusion of “intentionally,” and inclusion of the group’s proposed edits. Ms. Hyre seconded the motion. Dr. Willig, Ms. Veltri, and Dr. Stangler opposed; the remaining members indicated their approval.

The document was reopened for revision. Mr. Stolz continued facilitating live edits of the document, allowing those who made each argument to edit their respective sections of the narrative.

After completing the review of all proposed revisions to the report, Dr. vom Eigen motioned to share the draft report, including revisions agreed upon at the meeting, with the HISC. The motion was seconded by Ms. Hyre. All were in favor.

7. Preview of EAC Phase II Scope of Work

This item was tabled for discussion at a later date in the interest of time.

8. Closing Comments

The meeting adjourned at 8:03pm.